

CHILDREN'S COURT MEDIATION PROGRAM

MEDIATOR CONTINUING EDUCATION
Standard Reporting Form

*Complete form and attach documentation for
CEU, CLE or ACTUAL TRAINING HOURS*

I ATTENDED THE FOLLOWING TRAININGS/WORKSHOPS (*attached more sheet as needed*):

Training Date(s): _____ No. of Training Hours: _____
Training Provider: _____
Name of Trainer: _____
Training Title: _____
Organization/Agency: _____
Location: _____

Training Date(s): _____ No. of Training Hours: _____
Training Provider: _____
Name of Trainer: _____
Training Title: _____
Organization/Agency: _____
Location: _____

Training Date(s): _____ No. of Training Hours: _____
Training Provider: _____
Name of Trainer: _____
Training Title: _____
Organization/Agency: _____
Location: _____

Training Date(s): _____ No. of Training Hours: _____
Training Provider: _____
Name of Trainer: _____
Training Title: _____
Organization/Agency: _____
Location: _____

I certify by my signature below that the information provided on this form is accurate.

Print Name _____

Signature _____

Date _____

Complete and sign by May 15, 2017. Send to Elizabeth Jeffreys at aocejj@nmcourts.gov; fax 505.827.4824